

# Town of Tewksbury Employment Application

Tewks. P-1

**Notice to Applicant:** We are an equal opportunity employer and do not discriminate on the basis of an applicant's or employee's race, color, religion, sex, national origin, citizenship, age, physical or mental disability or any other characteristic.

## Personal Information (Please Print)

Name: \_\_\_\_\_ Social Security: **(required upon hiring)**  
(Last) (First) (MI)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

## Personal Information (Please Print)

Position Applied For: \_\_\_\_\_

Department / Group: \_\_\_\_\_

Have you ever worked for the Town of Tewksbury \_\_\_\_\_ If so, date(s): \_\_\_\_\_

Prior Position(s): \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

## Education (Please Print)

List from Present to Past

School / Institution	Major or Area of Study	Graduate		Year Graduated
		Yes	No	

Mass. Professional Trade, Certifications, Drivers License

License \_\_\_\_\_ License # \_\_\_\_\_ Date Issued \_\_\_\_\_ Exp. Date \_\_\_\_\_

License \_\_\_\_\_ License # \_\_\_\_\_ Date Issued \_\_\_\_\_ Exp. Date \_\_\_\_\_

## Achievements / Special Skills (Please Print)

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## Professional Qualifications & Membership In Professional Bodies (Please Print)

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## Employment History (Please Print) List Current First

Current:	From _____	To _____
Address:	Telephone: ____ (____) _____	
Duties:	_____	

Previous:	From _____	To _____
Address:	Telephone: ____ (____) _____	
Duties:	_____	

Previous:	From _____	To _____
Address:	Telephone: ____ (____) _____	
Duties:	_____	

Previous:	From _____	To _____
Address:	Telephone: ____ (____) _____	
Duties:	_____	

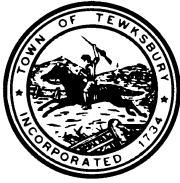
## References (Please Print)

Name	Address	Telephone	Relationship	Years Known

I hereby certify that the information contained in this application form and in any attachments listed below (hereafter made a part of this application) is true and correct to the best of my knowledge and agree to have any of these statements checked by the Town unless I have indicated to the contrary. I authorize the references listed above to provide the Town any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Town as well as from the use or disclosure of such information to the Town or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

Attachments: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# TOWN OF TEWKSBURY

TOWN HALL  
1009 MAIN ST  
TEWKSBURY, MASSACHUSETTS 01876

## DEPARTMENT OF ADMINISTRATIVE SERVICES

(978) 640-4488  
FAX (978)-851-4986

### RELEASE OF INFORMATION

I hereby authorize any and all persons and Agencies to release to the Administrative Services department in the Town of Tewksbury any and all information necessary to determine job eligibility. The information obtained will be kept confidential, and will be used only in determining my eligibility for a position with the Town of Tewksbury. I understand that this authorization, except for action already taken, may be voided by me at any time. If I do not void this authorization, it will automatically end 180 days from the date I sign this form.

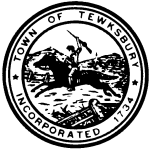
Signed \_\_\_\_\_

Address \_\_\_\_\_

SS No. \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_



# OFFICE OF THE TOWN MANAGER

TOWN OF TEWKSBURY  
TOWN HALL  
1009 MAIN ST  
TEWKSBURY, MASSACHUSETTS 01876

RICHARD MONTUORI  
TOWN MANAGER

(978) 640-4300  
FAX (978) 640-4302

## CONSENT TO OBTAIN MOTOR VEHICLE REPORT

DATE: \_\_\_\_\_

I \_\_\_\_\_ hereby authorize the Town of Tewksbury to obtain my driving records.

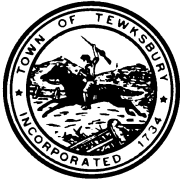
(All Information Must Be Provided)

Driver's Name: \_\_\_\_\_  
Last First Middle

Driver's Date of Birth: \_\_\_\_\_  
Month Day Year

Driver's License Number: \_\_\_\_\_

Signature: \_\_\_\_\_



# BOARD OF SELECTMEN

## TOWN OF TEWKSBURY

TOWN HALL  
1009 MAIN ST  
TEWKSBURY, MASSACHUSETTS 01876

(978) 640-4300

GTWKHP

### CORI REQUEST FORM

Tewksbury Board of Selectmen has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for the position of \_\_\_\_\_, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANT/EMPLOYEE SIGNATURE

(Unless otherwise preempted by law)

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

\_\_\_\_\_  
PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER  
(Requested, not required)

\_\_\_\_\_  
ID Theft Index PIN  
(if applicable)

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_ft. \_\_\_\_in. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_ (Include state of issue)

\*\*\* THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT  
ISSUED PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_.

REQUESTED BY: \_\_\_\_\_

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the CHSB via mail or fax to 617-660-4614.